| . No.300 | JAN 23 1951 STANDARD CERTIFICATE OF DEATH State File Name | 1466 | | | |
|---------------|--|------------------------------|--|--|--|
| . 10-48 | | | | | |
| - (1 | BIRTH NO REG. DIST. NO | | | | |
| 495 | a. STATE Wish Bury V | rtitution: residence before | | | |
| | b. CITY (If outside carporate limits, write RURAL and give countries of township) STAY (In this place) OR OR OR OR | mbip) 0730 | | | |
| . | 10000 John Jakelli Adays 10000 Dialloud 1 | tal lug | | | |
| RECORD | d. FULL NAME OF (Poot in hospital or Institution, give street address or location) d. STREET ADDRESS INSTITUTION 2303, Pannagularung d. STREET ADDRESS | | | | |
| l l | 3. NAME OF a. (First) b. (Middle) c. (Last) 4. DATE (Month) (Type or Print) Williams HBIVY Death January | (Day) (Year) | | | |
| ANEN | 5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WORLD 8. DATE OF BIRTH 9. AGE (In years Widowshis) Months | I YEAR OF UNDER 11 MIS | | | |
| PERMANENT | 10a. USUAL OCCUPATION (Give kind of work dopeduring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) DUSTRY | 12. CITIZEN OF WHAT COUNTRY? | | | |
| ∢ | 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. HAME OF HUSBAND OR WIF | E | | | |
| MAKE | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) (Yes, no. or unknown) (If yes, give war or dates of service) (Yes, no. or unknown) (Yes, no. | ADDRESS, | | | |
| 1 1 | 18. CAUSE OF DEATH MEDICAL CERTAFICATION | INTERVAL BETWEEN | | | |
| INK | Enter only one cause per l. DISEASE OR CONDITION line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a) | ONSET AND DEATH | | | |
| BLACK | *This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- ease induces a compiler. DUE TO (c) | | | | |
| UNFADING | ease, injury, or complica- tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | 794X | | | |
| ſFΛ | 19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION TION | 20. AUTOPSY1 | | | |
| No. | | YES NO | | | |
| ING | 21a. ACCIDENT SUICIDE HOMICIDE (8pecify) 21b. PLACEOF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) | (STATE) | | | |
| PLAINLY—USING | 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK | | | | |
| KININ | I hereby certify that I attended the deceased from Nov-/-, 1950, to fast 3, 195/, that I last saw the decease alive on Am., 195/, and that death occurred at 41000 m., from the causes and on the date stated above. | | | | |
| - 1 | 23a. SIGNATURE (Degree or fitte) 23b. ADDRESS LEVELO MO. | 23c. DATE SIGNED | | | |
| WRITE | 243. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or countries) 24d. LOCATION | (State) | | | |
| | pro Total Vision I am I a | DRESS | | | |
| L | 1-15-57 by salves dangking of W Tordalecone De | eca mo | | | |
| | (Licensed Embalmer's Statement on Reverse Side) | | | | |

THE DIVISION OF HEALTH OF MISSOURI

| RECEIVED / - 22-31 |
|--|
| Jasper County Health Office |
| County File Number, 51-1-34 |
| County File Number 51-1-34 Date Filed 22-5/ |
| |

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|---|-----------------------|------------|
| | STATEMENT BY LICENSEI |) EMBALMER |

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by______

working under my personal supervision.

Student Embalmer

Licensed Embalmer No. 2174

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.